



### Fit for the Future - The 10 Year Health Plan

*Is this really the future General Practice wants?*

The long-awaited [10-Year Health Plan](#) was finally published on 3 July 2025. At 164 pages, it's unlikely many of you have found time in your busy weeks to read it cover to cover. Fortunately, your LMC committee did – and spent two hours last Thursday debating its contents and the potential implications for general practice.

Let's be clear: there are aspects of the plan we support. No one would disagree that the NHS is under immense strain and in urgent need of reform.

The committee also welcomed the plan's three core principles:

- **Care closer to home** – GPs have long been advocates for delivering more care in the community and helping patients avoid unnecessary hospital admissions.
- **Digital transformation** – General practice has led the way in digital innovation, with fully digital patient records, robust online triage systems, and efficient electronic prescribing. In many ways, secondary care and community providers are still catching up.
- **Prevention** – From vaccination programmes to screening initiatives, GPs have always played a central role in prevention, offering continuity of care through the trusted “family doctor” model.

**None of this is new to us.**

But the plan doesn't stop there. It ventures into territory that some committee members described as “dystopian”: a world of AI-powered doctors in your pocket, loss of data control from general practice, and genome sequencing at birth.

And while we wait for further operational details – notably absent from the current document – serious concerns remain. Is this plan a genuine vision for the future, or a distraction from the present crisis? Some fear it could mark the end of general practice as we know it.

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# The Committee's Most Urgent Concerns

## 1. Future Contracts

In March, the Secretary of State for Health and Social Care, Wes Streeting, promised a new substantive GP contract during this Parliament. Yet, the plan offers no detail – particularly regarding GMS. It vaguely states:

*“Where the traditional partnership model is working well, it should continue, but we will create an alternative for GPs.”*

## 2. Single Patient Record

GPs are currently the legal data controllers of patient records – a responsibility we take very seriously. The 2025 UK Conference of LMCs in May of this year rejected a motion to relinquish this role, underlining its importance in safeguarding patient privacy and managing who has access to that data.

The plan's proposal for a single shared patient record raises significant red flags, not just because of the complex legal changes it would require, but also due to concerns around data security – especially in a world where patient data is a valuable asset.

## 3. Artificial Intelligence (AI)

Our committee members are representative of our constituents and as such use a broad range of digital tools. We recognise that AI has significant potential – but it is not a panacea. It won't magically restore joy to the profession.

**What will?** Tools that are flexible, locally tailored, and that empower GPs to maintain the personal, face-to-face care that underpins trust in the doctor-patient relationship.

AI can support – but not replace – that human connection.

## 4. Neighbourhood Working

In Cambridgeshire and Peterborough, practices and PCNs vary widely in size and function, but all are engaging with neighbourhood working to varying extent.

GPs are team players – we thrive in multidisciplinary environments – but for neighbourhood models to succeed, GPs **MUST** be at the heart of neighbourhood teams and be supported by them.

There is concern that the integrated care organisation model, as proposed, could sideline general practice in favour of larger providers. That risk must be addressed now.

## 5. Community and Clinical Pharmacy

The committee picked up on the increased use of community and clinical pharmacy within the plan. GPs have worked increasingly closely with pharmacist colleagues since the PCN DES and have developed strong working relationships, however the plan expands the role of pharmacists in the prescribing of medicines for chronic conditions to a level that starts to raise concerns.

While this may work for straightforward cases, many patients need broader diagnostic insight and clinical judgement. GPs serve as a critical “risk sink” in the system – and that role cannot be underestimated or replaced.

## 6. Funding

Perhaps the most pressing concern: there is no new funding in this plan.

The assumption is that a shift of activity into neighbourhood models will free up resources from secondary care. But how long will that take? Previous attempts have been less than successful.

Clinical transformation requires upfront investment, time, and clinical capacity – all of which are already in short supply.

## Have Your Say

GPC England meets on **Thursday 17th July**. Your GPCE representatives – Dr Diana Hunter (regional seat) and Dr Caroline Rodgers (First Five seat) – *want to hear your views*.

Please take a moment to [complete our short survey](#) so we can represent you directly at the table.



# MONTHLY FOCUS



The Cameron Fund  
*The GPs' own charity*

## The Cameron Fund Summer Newsletter [Donate](#)

The Summer Newsletter 2025, with all the latest news about the work of the Cameron Fund is now available on their website at:  
[www.cameronfund.org.uk/news/newsletter-summer-2025](http://www.cameronfund.org.uk/news/newsletter-summer-2025)



## New Cervical Screening Information

The new leaflet, 'Your guide to NHS cervical screening' was published on 1 July 2025.

Online and PDF versions can be found below:

[Your guide to NHS cervical screening](#) - link

[Your guide to NHS cervical screening](#) - printable leaflet



## Oliver McGowan Training

The Oliver McGowan Mandatory Training on Learning Disability and Autism is named after Oliver McGowan, whose death shone a light on the need for health and social care staff to have better training. The Health and Care Act 2022 introduced a statutory requirement that CQC-registered providers must ensure their staff receive learning disability and autism training appropriate to their role.

The Oliver McGowan Mandatory Training is the standardised training that was developed for this purpose and is the preferred and recommended training for health and social care staff. Completing it will meet the statutory requirements of the 2022 Act.

However, the Act **does not** specifically mandate it as the only possible training that can be used; it refers to meeting the CQC requirement and other training can be used for this.

There would be a need to demonstrate it met the legal requirements for the Act, which are laid out in a code of practice. Only the Oliver McGowan package is deemed to "automatically" meet those requirements.

The LMC believes that it is pragmatic to ask all staff to complete the online component of the training. There is recognition that the rollout of the Part 2 training will take some time nationally, and we would expect CQC to reflect that if assessing a practice; demonstrating that steps have been taken to try and access it for staff would be helpful.

More information can be found via [eLearning for Health](#) and [Cambridgeshire & Peterborough Training Hub](#) here.



### ▶▶ 10 Year Health Plan for England

The UK Government has published its [10 Year Health Plan](#) setting out a range of reforms due to take place over the next decade. Much of the plan describes significant impact upon general practice, with the proposal for 'neighbourhood health services' – which are expected to see general practice and other services co-located in new centres, some of which may be run by acute trusts. The BMA has produced an initial [summary of the plan](#), with more detailed analysis to follow.

You may have read the headlines and have more questions than answers. In particular “Where is the commitment to a new GP practice contract within this parliament?” as promised in writing earlier this Spring by Mr Streeting himself. That, and many more questions besides, will be put to Stephen Kinnock MP, as the Minister for Care (primary, community and social care) comes to GPC England with other senior Government counterparts. The plan is full of big ideas, but light on delivery, detail, and funding. The profession is encouraged to engage with what is prioritised for delivery within the next three years - anything else is largely aspirational.

GPC has been told by Ministers, that the 10 Year Health Plan is not a list of instructions, and neither are its contents set in stone, but that it is “the beginning of an iterative process”. That’s just as well given the lack of input from those of us tasked with delivering it. You can be assured that GPC England will be feeding back at every opportunity in the weeks and months ahead.

There is an ongoing focus on at-scale working, digitisation of services, and use of nascent technologies. An inconvenient truth perhaps, is the lack of evidence base. Where there is strong evidence, is in the small practice model - for continuity of care, patient trust, health outcomes, and financial value. GPs have delivered a ‘Neighbourhood NHS’ since 1948. We cannot risk diminishing the value of cradle-to-grave, personalised, family care; neither can we support being subsumed into a monolithic, anonymous hospital trust which will only serve to accrue greater financial deficit.

The success or failure of this ambitious and highly political paper will rest on GPs feeling safe and secure enough in their practices to have capacity to seize opportunities ahead.

#### **What the 10 Year Health Plan says on priority issues in General Practice:**

- Reaffirming the commitment to bring back the family doctor and end the ‘8am scramble’ for appointments
- Broad aim to train thousands more GPs and to shift the emphasis of overall NHS recruitment into primary care.
- The traditional partnership model will be retained where it is working well - but also seeks to set alternative ‘neighbourhood health’ models, delivering at-scale services over larger areas.
- Reform of the Carr-Hill alongside wider shifts in funding, to areas with disproportionate economic and health challenges.
- With the intent to free up GP capacity, the recommendations of the ‘Red Tape Challenge’ will be implemented, and technology like ambient ‘AI Scribe’ voice technology will be deployed.
- AI advice will be added to the NHS App, to offer patients alternative options for support and help reduce demand for GP practices appointments.
- My NHS GP – an AI-enabled tool in NHS App – will be launched by 2028 to help patients to access appropriate care via a GP or pharmacist, as an alternative to attending A&E.

Read more about the 10 year plan [here](#).

Watch this video for more detail: [GP Contract Updates](#) | [British Medical Association](#)

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## ►► Referral of NHS England to the ICO

[Following revelations](#) that data collected for COVID-19 purposes has been used in the training of an AI model under the authority of NHSE, the BMA and RCGP via the Joint GP IT Committee urgently spoke with key stakeholders involved in the programme to ascertain the facts.

Following this engagement and out of an abundance of caution, BMA wrote to the ICO (Information Commissioners Office) to raise the facts of the case with them and to enable an appropriate response to be given by them in their capacity as regulator. BMA will provide an update as and when more is known.

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## ►► GP Premises Survey 2025

We're calling on all practice managers and premises-owning partners across England to take part in our GP Premises Survey 2025, to help us gather essential data on the condition of GP buildings. This evidence will directly shape our proposals and negotiations with Government – supporting our case for the urgent investment and backing your practice needs.

Help us advocate for better premises and stronger support for general practice - [take the survey](#).

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## ►► Help spread the word - join the BMA register

The GMC is failing you and is failing patients. Ahead of expected changes to the Medical Act later this year, the BMA is now calling on all doctors to add their name to the new BMA register.

In a recent survey, only 16.2% of BMA members were found to have confidence in the GMC's ability to protect the public, while only 10.8% believe they can regulate in a way that distinguishes doctors from medically unqualified providers. Now is time to send a message that change must be made.

By signing the BMA register, any GP will be adding their voice to the thousands of others who have already signed up in support of a new professional regulator. One that

- Puts the medical profession at the heart of its decision making
- Protects patients by making clear who is and who is not a doctor
- Treats doctors fairly throughout fitness to practise processes
- Ensures doctors – and their patients – benefit from high-quality medical education and training
- Find more information – and crucially add your name – by visiting [www.bma.org.uk/BMAregister](http://www.bma.org.uk/BMAregister)

As well as adding your own support, BMA would also ask that you encourage as many GPs within your LMCs to do the same.

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## ►► BMA sessional GP conference 2025 - hold the date

The BMA's conference for sessional GPs will take place on Friday 19 September 2025 at BMA House, London and online. This conference is free of charge to attend for BMA members, and it will include a mix of plenary presentations, discussion sessions and breakout groups to give practical tips on key issues for sessional GPs. Register your interest at [confunit@bma.org.uk](mailto:confunit@bma.org.uk) for priority notification when registration opens.

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## ▶▶ Visa challenges for International Medical Graduates (IMGs)

The BMA's GP Registrars Committee and the RCGP Registrar reps are conducting a survey to raise awareness of the lack of employment opportunities for GPs getting their CCTs, and to push for better visa options and earlier access to Indefinite Leave to Remain (ILR), with the Government. Please share with all practice trainees. Complete the [survey](#) by 18 July 2025.

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## ▶▶ Blended learning survey for GP registrars and trainers

If you are a GP registrar or GP trainer in England and have direct experience of blended learning as part of GP training, BMA would like to hear your views. [The survey](#) should take less than 5 minutes.

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## ▶▶ BMA Resources

- Read the latest [GPCE Bulletin](#)
  - The BMA's GP campaign '[staying safe, organised and united](#)' webpage
  - Read the latest [Sessional GPs newsletter](#)
  - The [BMA's GP campaign 'staying safe, organised and united'](#) webpage
  - GPCE [Safe Working Guidance Handbook](#)
  - Read more about the work of [GPC England](#) and practical guidance for [GP practices](#)
  - See the latest update on X [@BMA\\_GP](#) and read about [BMA in the media](#)
  - Contact BMA: [info.lmcqueries@bma.org.uk](mailto:info.lmcqueries@bma.org.uk)
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## GP & ACP EDUCATION PROGRAMME

Tuesday 15 July 2025

19:00 - 20:30 - **Group consultations**

[Click here to book](#)

### >>> PROTECTED LEARNING TIME SESSIONS

Please see below sessions that we have put together for July and September Protected Learning Time. These sessions are for all staff. Please click on the links to visit the booking page.

- (PLT) Quality Improvement – Weds 16 July, 14:30-15:30. [Book here](#)
- (PLT) Safeguarding Session for Primary Care (Adult) – Thurs 18 September, 14:00-16:15. [Book here](#)

### >>> NEURODIVERSITY/ NEURODIVERGENCE IN LGBTQ+ COMMUNITIES

Wednesday 24 September, 10:00-12:00

We are working with the LGBT Foundation and are pleased to offer another LGBTQ+ education module. This session is designed to help you increase your knowledge of the LGBTQ+ ND (neurodivergent) community. [Book here](#).

### >>> COHORT 3 OF CPTH FELLOWSHIP FOR NEWLY QUALIFIED GPs

Our local CPTH Fellowship for Newly Qualified GPs is an 18-month programme designed to support the transition from VTS to an established, salaried GP working in Cambridgeshire and Peterborough. [Click here](#) to find out more about the scheme and how to apply.

### >>> COHORT 3 OF CPTH PRECEPTORSHIP FOR NEWLY QUALIFIED NURSES

We also have an 18-month Preceptorship scheme for NQ nurses which includes funded CPD time, education, mentoring and peer support, designed to support the transition and integration into the workplace following completion of study. Cohort 3 starts in September – if you have a newly qualified nurse, [click here](#) to find out more about the scheme and how to apply.

### >>> COACHING & MENTORING FOR GPs

CPTH offers Coaching and Mentoring, a key professional development tool, for GPs and a variety of other general practice roles. We also have a small team of Professional Nurse Advocates (PNAs) available for restorative clinical supervision, career conversations or improvement project support. [Find out more](#)

### >>> SUPPORTING FUTURE EDUCATORS - COHORT 8 NOW OPEN

If you are interested in becoming a GP Educator, find out how our SFE programme can help guide you through the blended learning.

Cohort 8 is now open for application, visit our web page for more information on what to expect, planned dates and how to apply. [Find out more](#)

# Support and Signposting

Representing

Supporting

Advising

Cambs LMC is always here to represent, support and advise GPs and their practice teams in a safe, confidential space if you are struggling or in distress. We actively encourage you to reach out to us.



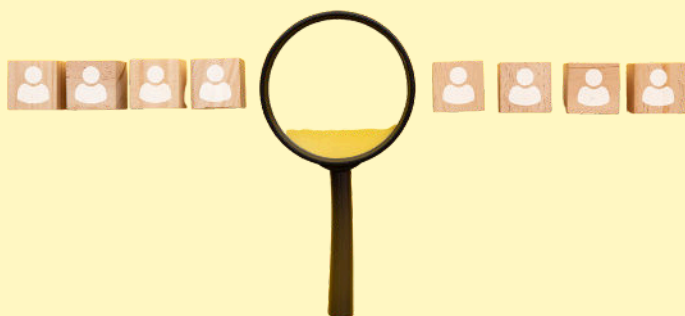
Visit our **website** for more information or snap the QR code:



Email

**[office@cambslmc.org](mailto:office@cambslmc.org)**  
to receive our updates

## Vacancies in General Practice



We advertise any roles in General Practice on our website:

**<https://cambslmc.org/jobs/>**. This remains a free service to our constituent practices in Cambridgeshire & Peterborough. To advertise a vacancy in your practice, please email us the details, including the closing date and any supporting documents in to **[office@cambslmc.org](mailto:office@cambslmc.org)**.

Practices seeking GP Locums - We continue to forward any GP Locum availability you might have to our locum mailing list. When sending requests to **[office@cambslmc.org](mailto:office@cambslmc.org)** to forward on.

Please remember to include a short synopsis of your practice in your requests i.e. where you are, what clinical system you use and relevant contact information.

## BMA Wellbeing



View BMA wellbeing support services page here:

**<https://www.bma.org.uk/advice-and-support/your-wellbeing>**

A range of wellbeing and support services are available to doctors, and we encourage anybody who is feeling under strain to seek support, such as the BMA's **[counselling and peer support services](#)**, **[NHS practitioner health service](#)** and non-medical support services such as **[Samaritans](#)**. The organisation **[Doctors in Distress](#)** also provides mental health support for health workers in the UK. We have produced a **[poster with 10 top tips](#)** to help support the wellbeing of you and your colleagues.

The **[Cameron Fund](#)** supports GPs and their families in times of financial need and the **[RCGP](#)** also has information on GP wellbeing support.

Visit the BMA's **[wellbeing support services page](#)** or call **[0330 123 1245](tel:03301231245)** for wellbeing support.

### CQC Guidance

Guidance for GPs  
Youtube  
GP Mythbusters

### PCSE Guidance

Guidance Pages  
Monthly Updates  
Youtube

## Contact us:

email: **[office@cambslmc.org](mailto:office@cambslmc.org)**  
website: **[www.cambslmc.org](http://www.cambslmc.org)**

